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# Village Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 23 February 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

##### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

##### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

##### **Are services responsive?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

##### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

### **Background**

Village Dental Practice is a general dental practice situated in the centre of Stevenage. It provides NHS and private treatment to adults and children.

The practice is situated on the ground floor within a parade of shops in a pedestrianised zone of the town centre. It has three treatment rooms, a staff room, dedicated decontamination area and waiting room.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received feedback on the service from 26 patients, either by way of them completing a Care Quality Commission comment card or in person. They were all positive about the service offered, and made particular reference to how pleasant and cheery the staff were, the friendliness of the whole team, and how they were made to feel at ease.

#### **Our key findings were:**

# Summary of findings

- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice, with the exception of a medicine to treat seizures which has since been acquired.
- Patients who used the service described how staff were always polite and helpful and nervous patients said they were comfortable to attend this practice.
- Staff demonstrated a good knowledge of how to raise a safeguarding concern, and the situation in which that may be required.
- Comprehensive pre-employment checks had been carried out on all new staff to ensure the practice was employing fit and proper persons.
- The practice used a comprehensive template to note the screening of oral tissues that dentists carried out to identify disease.
- Dental care records were found to be accurate and detailed.
- The practice used clinical audit as a tool to ensure continual improvement of the service, although an infection control audit was found to be overdue for completion.

- The practice used a system of safer sharps to reduce the risk of sharps injury to staff members.

There were areas where the provider could make improvements and should:

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), the General Dental Council (GDC) standards for the dental team and the British National Formulary.
- Review the practice's infection control procedures, protocols and frequency of clinical audit giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the recommendations made following the testing of the X-ray machines to reduce the effective dose of radiation to patients.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice kept medicines and equipment to manage medical emergencies including an automated external defibrillator. However a medicine recommended by the British National Formulary was missing and some of the equipment was found to be old and out of date. Following our visit we have received evidence that these have been acquired or replaced.

Staff demonstrated good knowledge of how to raise a safeguarding concern and the situations in which they would do so.

X-ray equipment was serviced and tested in line with the Ionising Radiation Regulations 1999.

### **Are services effective?**

We found that this practice was providing effective care in accordance with the relevant regulations.

Comprehensive medical history forms were completed and reviewed regularly to ensure that the clinicians were kept up to date with changes that may affect treatment.

Dentists used a screening template to ensure that all patients received a thorough and documented check of the oral tissues. Clinicians used current national guidance to inform their clinical decisions.

Dental care records were detailed and accurate and demonstrated discussions between clinicians and patients.

### **Are services caring?**

We found that this practice was providing caring services in accordance with the relevant regulations.

Patients commented that staff were always polite and helpful, and that they were treated with dignity and respect. Families commented that staff were skilled at dealing with children.

Patients felt involved in their care, commenting that options and costs involved were explained to them before treatment started.

Dental care records were stored securely on the premises.

### **Are services responsive to people's needs?**

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice had made changes to the way it sees patients for an emergency appointment, and could mostly see patients on the day they call in.

The practice telephoned all patients to remind them of their appointments.

Staff were aware of and made arrangements to accommodate patients' individual needs.

### **Are services well-led?**

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice carried out monthly team meetings to discuss the running of the practice, learning topics and any incidents or complaints.

# Summary of findings

The practice used clinical audit to highlight areas of practice to improve.

The practice had a range of policies which were available in hard copy form for all staff to reference in the policy folder.

# Village Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 23 February 2016. The inspection was led by a CQC inspector and a dental specialist advisor

We informed NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection we interviewed members of staff regarding their practise, policies and procedures. We spoke with people using the service and their relatives, observed the workings of the practice and reviewed their documentation.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice received communication from the Medicines and Healthcare products Regulatory Agency (MHRA). These were e-mailed to the practice and the principal dentist would disseminate relevant alerts to the staff. We saw an example of an alert that had been placed on the notice board and staff were asked to read it.

The practice had a system in place for reporting, investigating and learning from significant incidents. However on the day of our visit we were unable to see the significant incident log as the practice manager had recently updated the reporting system and staff were unable to locate them in her absence. Immediately following the inspection we were provided with the reports which were detailed on a template. They indicated that incidents were investigated, apologies issued to patients when appropriate and learning points highlighted following an incident.

Staff we spoke with during the inspection explained that incidents and complaints were always discussed as part of their monthly staff meeting to reduce the risk of reoccurrence.

The practice had a policy in relation the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR). This detailed what occurrences would have to be reported to the Health and Safety Executive as well as the detail of how to make a report, and how to obtain further advice if required.

### Reliable safety systems and processes (including safeguarding)

The practice had a policy regarding safeguarding of vulnerable adults and children. This included relevant contact numbers to escalate a safeguarding concern. In addition to this there was a copy of a flow chart in every treatment room, and the staff room which detailed how to raise a safeguarding concern. Staff we spoke with could describe in detail the types of abuse they may see, and how they would respond if such a situation arose. All staff had undergone training in safeguarding appropriate to their role.

We asked the dentist how they treated the use of instruments used during root canal treatment. They

explained that these instruments were single use only. They also explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). The British Endodontic Society recommends the use of rubber dam for root canal treatment.

The practice used a system of safety needles that allowed a plastic tube to be drawn up over the needle and locked into place after use. This system reduces the risk of needlestick injury and is in line with the recommendations of the guidance Health and Safety (Sharp Instruments in Healthcare) 2013.

### Medical emergencies

The practice carried medicines and equipment for use in a medical emergency. These were easily accessible from a cupboard in the corridor. The emergency medicines were found to be available and within their expiry dates as outlined in the British National Formulary, with the exception of buccal midazolam. This is a medicine used for the treatment of epilepsy and can be absorbed through the lining of the mouth. Although the practice did carry a similar medication, this would have to be given by injection, and is currently not recommended. Following our visit the practice has acquired buccal midazolam. We also found that syringes and needles for administering emergency drugs were old and not kept sterile. The practice had ordered new syringes and needles following our visit.

The practice had two cylinders of Oxygen available for use in a medical emergency. These were checked regularly to confirm they were full and a record made, however the expiry date was not checked or logged. One cylinder was dated for service in January 2016 and the other in 2011. Following the inspection the practice had entered into a contract for the ongoing supply and service of medical oxygen, and the practice had a loan cylinder in the interim.

The Resuscitation Council UK lists equipment that it recommends dental practices carry for use in a medical emergency. This includes an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal

# Are services safe?

heart rhythm. The practice had an AED and the battery and pads were checked regularly to ensure that this would function correctly if required. However no written record was made to confirm that these checks were taking place. Following the inspection we have seen evidence that this had been added to the check sheet for the emergency medicines.

In addition the practice carried oropharyngeal airways in a range of sizes as recommended by the resuscitation council UK; these can be used to help maintain the airway of an unconscious or semi-conscious patient. However they were passed their expiry date, which could mean that the plastic was more brittle and at risk of splintering if used. Following the inspection these were replaced.

Staff underwent regular life support training, most recently in November 2015, which included the use of the AED. Staff we spoke with were able to describe their actions in the event of a medical emergency, and were knowledgeable regarding which medicines would be required for a range of different medical emergencies.

## Staff recruitment

The practice had a recruitment policy which had been updated on 1 October 2015, in addition there was a separate document listing the pre-employment checks that would be carried out for new starters to the practice.

We looked at the staff recruitment files for four staff members to check that the recruitment procedures had been followed. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 identifies information and records that should be held in all staff recruitment files. This includes: proof of identity; checking the prospective staff members' skills and qualifications; that they are registered with professional bodies where relevant; evidence of good conduct in previous employment and where necessary a Disclosure and Barring Service (DBS) check was in place (or a risk assessment if a DBS was not needed). DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We found that the recruitment procedures had been followed in accordance with schedule 3 of the Health and Social Care Act. DBS checks had been carried out on all members of staff in accordance with their own recruitment procedure.

The practice used agency dental nurses in the past, although they had recently employed a new receptionist so they expected the frequency of this to reduce. The local company that they used for this ensures that all staff have had appropriate pre-employment checks carried out.

An induction process was carried out for new starters and we saw evidence that practice policies, the employee handbook and complaints process had been discussed as part of the induction process.

## Monitoring health & safety and responding to risks

The practice had systems in place to monitor and manage risks to patients, staff and visitors to the practice.

A health and safety policy was in place at the practice; this was dated 3 February 2016, and was available for all staff to reference in the policies folder. The topics covered by the policy included manual handling, electrical safety, training in the use of the equipment and fire safety. A risk assessment in health and safety had been carried out in January 2016.

A fire risk assessment had been carried out on 4 January 2016, we saw evidence that fire equipment had been serviced, and staff we spoke with confirmed they had undertaken fire training and were able to describe the action they would take in the event of a fire, and where the muster external to the building was.

There were adequate arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a file of information about the hazardous substances used in the practice and actions described to minimise their risk to patients, staff and visitors.

## Infection control

The 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices,' published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for cleaning, sterilising and storing dental instruments and reviewed their policies and procedures.

The practice had an infection control policy which had been reviewed in January 2016. This outlined the decontamination process (Decontamination is the process by which contaminated re-usable instruments are washed,

# Are services safe?

rinsed, inspected, sterilised and packaged ready for use again), hand hygiene, waste disposal, blood spillage procedures, policy on dealing with inoculation (sharps) injuries and disinfecting impressions.

The practice had a separate area for the decontamination process. At the time of our visit the practice were manually cleaning their instruments prior to sterilising them as although they had a washer disinfector (a machine rather like a dishwasher designed to clean dental instruments) this was awaiting repair.

The practice demonstrated a good manual cleaning process; however they were rinsing the instruments under running water which could cause an aerosol of contaminated material. We discussed this with the principal dentist who immediately amended this practice. In addition although we observed a dental nurse inspecting each instrument visually before sterilising, they were not using an illuminated magnifier. We were told this had gone missing the previous day and we have seen evidence that a new one had been purchased.

The instruments were sterilised in a steam autoclave, we observed the dental nurse was not following documented guidance regarding the sterilisation of hand pieces. We raised this with the principal dentist and the practice immediately altered their protocol in this regard.

The instruments were pouched, and dated to ensure that they are not used after a year, at which point the sterilisation would become ineffective.

We saw evidence that checks were being performed on the autoclaves to ensure they were working effectively. These checks were in line with HTM 01-05 guidance.

All clinical staff had documented immunity against Hepatitis B. Staff who are likely to come into contact with blood products, or are at increased risk of needle stick injuries should receive these vaccinations to minimise the risk of contracting blood borne infections.

The practice had systems in place to reduce the risk of Legionella. Legionella is a bacterium found in the environment which can contaminate water systems in buildings. A risk assessment had been carried out by an external assessor in November 2015. This had highlighted

actions to reduce the risk of Legionella contamination. We observed that these actions had been implemented by the practice. In addition the practice carried out appropriate flushing and disinfecting of the dental unit water lines.

We examined the practice's protocols for storing and disposing of clinical and contaminated waste. The practice stored contaminated waste and sharps bins securely on the premises. We saw waste consignment notices indicating appropriate disposal of the developer and fixer fluids used to in X-ray developing, amalgam, sharps, clinical waste and gypsum models.

## Equipment and medicines

We saw that the practice had equipment to enable them to carry out the full range of dental procedures that they offered.

Records showed that equipment at the practice was maintained and serviced in line with manufacturer's guidelines and instructions. Pressure vessel testing had been carried out on the autoclaves and compressor within the last year to ensure they functioned safely.

Glucagon is an emergency medicine which is given to diabetics in the event of a hypoglycaemic attack (low blood sugar). It needs to be stored within two to eight degrees celsius in order to be valid until the expiry date. We found that the medicine was kept in a designated fridge the temperature of which was being recorded daily, however the practice was not using a thermometer that indicated the fridge temperature range. Following our inspection, we have received information that this had been acquired.

## Radiography (X-rays)

The practice demonstrated compliance with the Ionising Radiation Regulations (IRR) 1999, and the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

The practice had intra-oral X-ray machines in each treatment room, which took small X-rays of one or a few teeth at once. The practice did not use digital X-rays.

The practice kept a radiation protection file which detailed the responsible people involved in taking X-rays as well as appropriate testing and servicing of each X-ray machine.

A recommendation was made following the last critical examination testing of the machines that they should add rectangular collimation to the X-ray machines to further reduce the effective dose of radiation to the patient



## Are services safe?

(rectangular collimation screens the X-rays from around the edge of the image, so that only the specific amount and shape of the film gets through to the patient). It was noted that this had not been carried out. We discussed this with the principal dentist who was aware of the recommendation and had purchased the equipment, but had not yet implemented them.

Dental care records demonstrated that clinicians were reporting the justification for taking an X-ray as well as logging the quality of the X-ray taken and what the image showed.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection patient care was discussed with the dentists and we saw patient care records to illustrate our discussions.

A comprehensive medical history form was completed by patients at each check-up appointment, and checked verbally at every appointment. This ensured that the dentist was kept informed of any changes to the patient's general health which may have impacted on treatment.

Dental care records showed that the dentists regularly checked gum health by use of the basic periodontal examination (BPE). This is a simple screening tool that indicates the level of treatment need in regard to gum health. Scores over a certain amount would trigger further, more detailed testing and treatment, and possible referral to the hygienist.

Dentists used a template in the dental care records which demonstrated their comprehensive approach to screening the oral tissues at an examination appointment.

The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them. They also used NICE guidance to aid their practice regarding antibiotic prophylaxis for patients at risk of infective endocarditis (a serious complication that may arise after invasive dental treatments in patients who are susceptible to it), and removal of lower third molar (wisdom) teeth.

The decision to take X-rays was guided by clinical need, and in line with the Faculty of General Dental Practitioners directive.

### Health promotion & prevention

The practice took seriously its commitment to oral health promotion. We found a tailored application of guidance issued in the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is a toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Medical history forms requested information on smoking and alcohol use, and the practice were aware of their local stop smoking services, and how to access them. We saw referral forms for these services and staff informed us that they refer patients if they request it. Health promotion leaflets were available in the waiting room.

Children were encouraged to bring their toothbrush in to their appointment in order to demonstrate their tooth brushing technique and be advised on how they could improve.

### Staffing

The practice was staffed by two dentists, a hygienist, a qualified dental nurse and two trainee dental nurses, supported by a receptionist and a practice manager (who is also a qualified dental nurse). Prior to our visit we checked the registrations of the dental care professionals and found that they all had up to date registration with the General Dental Council (GDC).

The trainee dental nurses were at different stages of their training and were both registered at college to achieve their dental nursing qualification. They were being supported by the dentists and qualified dental nurses within the practice.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists, dental nurses, clinical dental technicians, orthodontic therapists and dental technicians.

Clinical staff were up to date with their recommended CPD as detailed by the GDC including medical emergencies, infection control, safeguarding and fire awareness training.

### Working with other services

The practice made referrals to other dental professionals when it was unable to provide the necessary treatment. We saw examples of letter templates used to refer to a variety of services including for referral of suspicious lesions.

A recent issue regarding a lost referral had prompted the practice to re-visit their protocols regarding urgent referrals.

# Are services effective?

(for example, treatment is effective)

The practice now e-mails referrals securely and follows this up with an immediate phone call to ensure its safe receipt. The practice did not however have a system in place to track all referrals to specialist centres.

## Consent to care and treatment

The practice demonstrated consent as a process rather than simply a signature. Discussions with patients were detailed in the dental care records. Patients were provided with a written proposed treatment plan with costs involved which they were encouraged to take away and consider prior to signing only when they returned to begin treatment.

The practice had a range of treatment leaflets they gave to patients to take away, and had detailed consent forms for specific treatments including root canal treatment and hygiene treatment.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Staff we spoke with demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included an understanding of the rights of a family member with a legal power of attorney, and when it may be necessary to make decisions in a patient's best interests.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Staff we spoke with explained how they ensured information about people using the service was kept confidential. The practice had paper dental care records which were kept in locked cabinets. The appointment book was kept below the level of the counter, and so anyone stood at the reception desk would not be able to oversee it.

This was underpinned by confidentiality and data protection policies that had recently been updated.

Patients that we spoke with on the day and those that provided feedback through comment cards spoke positively of the service, particularly mentioning the friendliness and helpfulness of the staff, and their ability to put patients at ease when attending the practice.

Several patients commented that the staff were very good in the treatment of their children, and patients who described themselves as having a phobia of dentists commented that they felt comfortable attending this practice.

### **Involvement in decisions about care and treatment**

Patients received a written treatment plan detailing the treatment and costs of treatment for them to keep.

Patients that we spoke with on the day and those that left comments on the comment cards spoke about how well informed they were of their options and involved they felt in the decisions made about their care.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

As part of our inspection we conducted a tour of the practice and found the premises and facilities were appropriate for the services delivered. The practice telephoned all patients to remind them of their appointment.

The practice provided a version of the medical history in large print to respond to the needs of patients with visual impairment. We spoke with staff about other ways they met the needs of patients, they described how they are able to assist patients who are hard of hearing by removing their masks to talk to them and sitting in front of them so that they are able to lip read.

The practice detailed arrangements for out of hours cover on the answerphone. For NHS patients the NHS 111 service could be utilised.

### Tackling inequity and promoting equality

The practice had an equality, diversity policy which detailed the practice's intention to welcome patients of all cultures and backgrounds.

The practice had carried out a disability discrimination audit in 2011, which was underpinned by a policy which had been updated in February 2016. Staff described how they would arrange for patients with limited mobility to be dropped at the rear entrance to the property where a car could be driven to the door.

The practice had in place a whistleblowing policy that directed staff on how to take action against a co-worker whose actions or behaviours were of concern. This was available for all staff to reference in the policies folder.

### Access to the service

The practice was open from 9.00 am to 5.00 pm Monday to Thursday and 9.00 am to 3.00pm on a Friday.

The practice had recently changed its protocol on emergency appointments. Previously they would put appointments aside each day, but once these were filled patients would be offered another day. In response to patient feedback they no longer put emergency appointments aside at certain times, but they arranged the appointments book so that emergency patients could be accommodated on the day they called. This meant that patients would occasionally have to sit and wait, but staff told us that this was rarely for more than 30 minutes.

### Concerns & complaints

The practice had a policy on complaints handling which had been reviewed on 1 February 2016. This guided staff on how to handle complaints. Patients were directed on how they could complain by a poster in the waiting room.

We saw evidence that complaints had been thoroughly investigated and apologies issued where necessary in a timely manner. Staff we spoke with explained that complaints were discussed routinely in the staff practice meetings so that the service could improve.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist (who was the registered manager) took responsibility for the day to day running of the practice, supported by the practice manager, with clear lines of responsibility and accountability.

The practice had monthly staff meetings, and we saw documented minutes of these meetings with a list of those present as well as topics discussed. The meetings were used to discuss issues surrounding the running of the practice, as well as learning topics (recently safeguarding and infection control) and discussions surrounding incidents and complaints.

The practice had policies and procedures in place to support the management of the service, and these were readily available in hard copy form. Policies were noted in infection control, health and safety, complaints handling, safeguarding, information governance and whistleblowing. These had all been reviewed within the last year.

In addition risk assessments were in place to minimise risks to staff, patients and visitors to the practice including fire safety, health and safety, pregnancy and a full practice risk assessment had been carried out within the last year.

### Leadership, openness and transparency

Staff reported a culture of honesty and transparency throughout the practice, they told us that their opinions were sought and valued and described the practice team as a family.

Staff we spoke with felt comfortable to raise concerns with the management team either personally, or at a team meeting.

The practice had in place a whistleblowing policy. This gave guidance on how staff could go about raising concerns they may have about another's actions or behaviours.

### Learning and improvement

The practice sought to continuously improve standards by use of quality assurance tools, and continual staff training. The practice had a clinical governance policy reviewed in February 2016 which detailed four key areas for the ongoing improvement of the practice. That of staff development, patient information and involvement, practice safety and clinical audit.

Clinical audits were used to identify areas of practice which could be improved. Infection control audits were being carried out annually but the document 'Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices recommended that this was carried out six monthly.

Audits on the quality of radiographs taken were carried out most recently in April 2015, but previously an audit had identified issues with the developing of radiographs, as a result of this training was carried out and changes to the developing process made, and following a second cycle of the audit a significant overall improvement in the quality of X-rays was seen. This demonstrated a commitment to the use of clinical audit as a tool to improve the overall performance of the practice.

Staff were supported in achieving the General Dental Council's requirements in continuing professional development (CPD). We saw evidence that all clinical staff were up to date with the recommended CPD requirements of the GDC.

Staff received annual appraisals, and performance objectives were drawn up to aid their career progression.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice had systems in place to involve, seek and act upon feedback from people using the service. The practice invited comments through the NHS friends and family scheme.

Staff commented that their feedback was always valued and they frequently approach the management team with ideas or concerns.